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HEALTH PROFILE: ZIMBABWE

HIV/AIDS

Estimated Number of Adults and Children Living with HIV/AIDS (end of 2003)	1,800,000 (1,500,000 – 2,000,000)
Total Population (end of 2004)	12,932,000
Adult HIV Prevalence (end of 2003)	24.6%
HIV-1 Seroprevalence in Urban Areas	
Population most at risk (i.e., sex workers and their clients, patients seeking treatment for sexually transmitted infections, or other persons with known risk factors)	–
Population least at risk (i.e., pregnant women, blood donors, or other persons with no known risk factors)	30.6%

Sources: UNAIDS, U.S. Census Bureau

With one of every four adults infected with HIV, Zimbabwe has one of the most severe HIV/AIDS epidemics in Southern Africa, home to the world's largest epidemic. Altogether, some 1.8 million people (including 165,000 children under age 15) were living with HIV/AIDS in 2003. During that year, nearly 180,000 Zimbabweans—approximately 3,500 per week—died of the disease, and AIDS is now responsible for nine out of every ten deaths in the 15- to 49-year-old age group. Since the beginning of the epidemic, an estimated 1.5 million people have died, and projections to the year 2018 suggest that an additional 2.7 million people are likely to die in the absence of antiretroviral treatment.

Women are disproportionately affected, accounting for slightly more than half of all HIV infections, with young women particularly vulnerable. With overall HIV prevalence at 24.6%, even populations considered least at risk have high prevalence. At sentinel surveillance sites around the country, median HIV prevalence among women attending antenatal clinics over the past several years has leveled off at around 20%. Among vulnerable populations such as sex workers and patients at clinics treating sexually transmitted infections, prevalence ranges from 50 to 70%. Those living in border areas, semi-urban growth areas, mining areas, and commercial farms are especially vulnerable.

The disease affects almost every aspect of society. In addition to the suffering it causes to infected individuals and their families, HIV/AIDS has devastating social and economic consequences. Largely due to HIV/AIDS, life expectancy at birth has dropped from 58 years in the early 1980s to 37.8 years in 2004, and is expected to drop further. The number of orphans in Zimbabwe has increased dramatically—from 345,000 in 1988 to 1.14 million in 2003, when four out of every five orphans had lost one or both parents to HIV/AIDS. The epidemic has also contributed to a surge in tuberculosis (TB) and is straining the health service sector and its workers, many of whom are not only overburdened in meeting the needs of those with the disease but are also infected by it. The already precarious food situation in Zimbabwe is further aggravated by the attrition of female agricultural workers who are either infected themselves or caring for others with HIV/AIDS. Households suffer from the emotional effects of HIV/AIDS as well as its severe economic consequences, including loss of employment and income, erosion of savings, increased health expenditures, and funeral and

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mourning costs. An extremely poor country, Zimbabwe has experienced a contraction in gross domestic product of around 30% since 1999.

According to the Zimbabwe National AIDS Council, the following factors contribute to the rapid spread of HIV in the country as well as the sustained high level of HIV/AIDS:

- High prevalence of other sexually transmitted infections
- Low level of male circumcision
- Multiple sexual relationships
- Traditionally low condom use plus incorrect or inconsistent use
- Settlement patterns and mobility
- Poverty
- Low social and economic status of women

NATIONAL RESPONSE

Despite its low per-capita income, Zimbabwe was the first country in the world to introduce a 3% levy on taxable income to finance HIV/AIDS prevention, care, and mitigation activities. This levy now raises about $20 million per year. Through a consultative process, the Zimbabwean government has established a multisectoral response to the HIV/AIDS epidemic. Led by the National AIDS Council, the partnership includes government ministries and departments as well as the private sector, faith- and community-based organizations, support groups for people living with HIV and AIDS, the media, and international bilateral and multilateral development organizations. Zimbabwe's National HIV and AIDS Policy was officially adopted in December 1999, along with a strategic plan that includes specific goals and targets adopted in 2000.

The overarching goals of these two documents, which now guide Zimbabwe's national response to the epidemic, are to prevent HIV's spread and reduce its impact on the individual as well as on Zimbabwe's society and economy as a whole. The government approach is an integrated one that includes prevention, care, support, and treatment. It emphasizes a multisectoral approach that includes participation by all sectors, organizations, and communities; promotion and protection of the human rights and dignity of people living with HIV/AIDS; avoidance of stigma and discrimination; and recognition of the need for gender sensitivity and respect for the rights of children and young people. In 2002, Zimbabwe committed to an expanded effort to provide antiretroviral therapy. Yet, because of insufficient financial and human resources, access to antiretroviral treatment remains limited.

USAID SUPPORT

USAID provides HIV/AIDS support to Zimbabwe both on a bilateral basis and through the Regional HIV/AIDS Program for Southern Africa (RHAP). Through its bilateral program, USAID focuses on mitigating the pandemic through innovative activities to promote behavior change and reduce the stigma of AIDS. These activities include HIV/AIDS counseling and testing services, social marketing of condoms, integration of HIV/AIDS measures into existing family planning programs, strengthening the capacity of civil society to formulate and to advocate for improved HIV/AIDS policies, supporting community responses to the needs of orphans and other vulnerable children, and providing support services for those with HIV/AIDS. USAID supports efforts to prevent mother-to-child transmission and has begun to support the introduction of antiretroviral therapy interventions. Bilateral HIV/AIDS support is $9.9 million for FY 2004.

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Zimbabwe is one of 10 countries that receive support through RHAP. USAID launched RHAP in 2000 to address high HIV/AIDS prevalence across the region, particularly in cross-border areas populated by highly mobile at-risk populations such as truck drivers, migrant workers, and sex workers. Regional program activities include promoting the use of condoms (including free distribution, when necessary), training peer educators, promoting care-seeking behavior for individuals with sexually transmitted infections, conducting "edutainment" events, and providing HIV risk-reduction counseling. RHAP works with local organizations to improve capacity in these areas.

USAID successes in Zimbabwe include: (1) establishment of 20 New Start counseling and testing centers, as well as mobile testing that reached approximately 200,000 clients; (2) collaboration with Coca-Cola to distribute condoms; (3) development of community-based models to provide support to orphans and other vulnerable children (reaching more than 100,000 children in FY 2003); (4) collaboration with faith-based organizations to extend their role in HIV/AIDS activities to include prevention work as well as care; and (5) support to five antiretroviral therapy sites.

IMPORTANT LINKS AND CONTACTS

USAID HIV/AIDS Web site for Zimbabwe:
http://www.usaid.gov/our_work/global_health/aids/Countries/africa/zimbabwe.html

USAID/Zimbabwe Web site: http://www.usaid.gov/zw/

USAID/Zimbabwe, P.O. Box 6988, Harare, Zimbabwe
Tel: 263-4-250-992; 263-4-250-993, Fax: 263-4-252-478; 263-4-252-592
Email: ziminfo@usaid.gov

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For more information, see http://www.usaid.gov/our_work/global_health/aids